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Bib Data Sheet

CONFIRMATION NO. 8062

SERIAL NUMBER 10/712,265	FILING DATE 11/14/2003 RULE	CLASS 604	GROUP ART UNIT 3761	ATTORNEY DOCKET NO. 051438-5002
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/09/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	NC	8	24	2

ADDRESS

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TITLE

Medical vacuum aspiration device

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)
<input type="checkbox"/> 1.17 Fees (Processing Ext. of

FILING FEE FEES: Authority has been given in Paper

RECEIVED 486	No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	(time)
<input type="checkbox"/> 1.18 Fees (Issue)		
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Credit		